



# PARTNER SERVICES

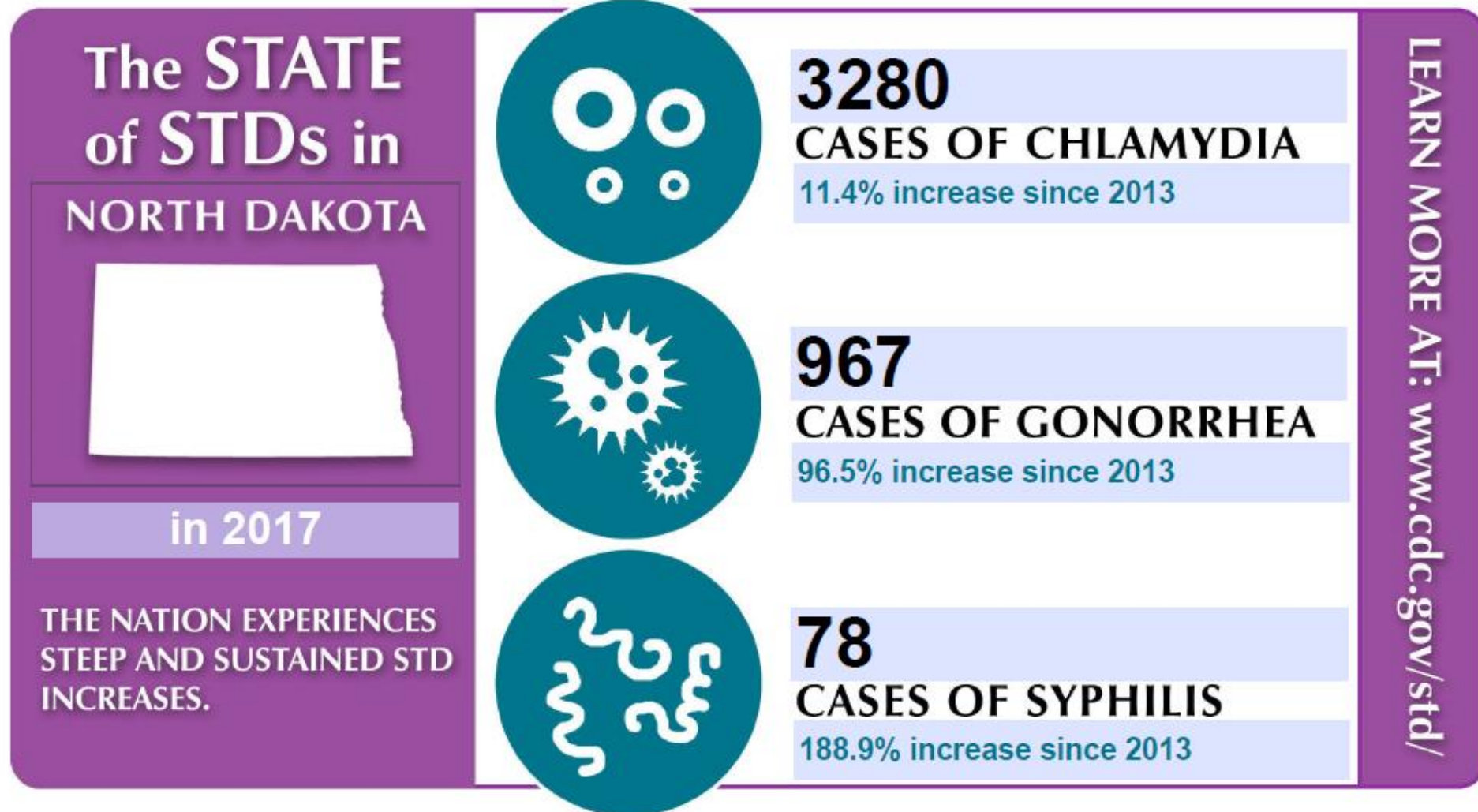
June 4. 2019

Gino Jose, Field Epidemiologist

NORTH  
**Dakota**  
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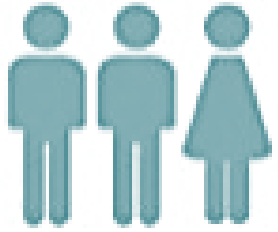
# 2017 STD RATES IN REVIEW - LOCALLY



# WHY THE INCREASES?

- Similar problems across the United States
- More anonymous partners
- Technology hindering partner services
- More individuals ARE getting tested
  - More are interested in their health
  - Prenatal screening

# THE FIVE P'S IN A SEXUAL HISTORY.



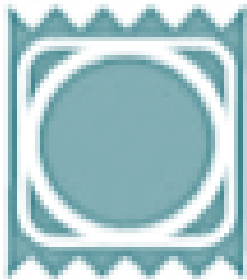
Partners



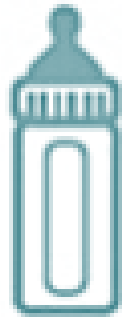
Practices



Past History  
of STIs



Protection  
from STIs



Pregnancy  
Plans

## Goal: Facilitate Rapport with Patients

- Open-Ended Questions
- Understandable, Nonjudgmental Language
- Normalizing Language
- 6<sup>th</sup> 'P': Prevention

# WHAT IS PARTNER SERVICES?

- Partner services are offered to individuals who are infected with STDs and their partners or others that may be at risk
- Interview infected persons to gather partner information, provide risk reduction and ensure treatment
- Identify and locate the sexual contacts of infected persons and refer them for medical examination and, as appropriate, for treatment
- Disrupt the transmission process

# PARTNER SERVICES IN NORTH DAKOTA – WHAT IS THE HEALTHCARE PROVIDERS ROLE?

- ND Field Epidemiologists: Gonorrhea, Syphilis, HIV
- Partner Services Most Effective if Healthcare Provider Involved



**CHLAMYDIA/GONORRHEA PATIENT INTERVIEW**  
NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF DISEASE CONTROL  
SFN 61113 (08-2016)

You are being tested and/or treated for a sexually transmitted disease (STD). It is important for your health that your sexual partners are also treated for this infection. Sex partners and people infected with STDs may not know they are infected because many time people do not have symptoms, or only mild symptoms. It is important that **ALL** of your current and former sex partners are treated to prevent you from becoming reinfected, and to protect others from being infected.

Your name will never be used if the North Dakota Department of Health or your healthcare provider refers your partners in for testing and treatment. Your information is strictly confidential.

Please list all of the people you have had sex with in the last 3 months. If you have not had sex in the last 3 months, list your last sex partner. Please provide as much information as you can.

**It is essential you wait seven (7) days after you and your partner have been treated before you have sex again. Do not have sex again with your current partner until they have been treated.**

**Patient Information:**

First Name:	Last Name:	Date of Birth:
Street Address:	City:	State:
ZIP Code:	Telephone Number:	
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Refused		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Refused
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnancy Status: <input type="checkbox"/> Not Pregnant <input type="checkbox"/> Pregnant <input type="checkbox"/> NA	If Pregnant, Due Date:

**Risk History Information:**

Are you a resident/staff member of correctional facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever used intravenous/injection drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever used non-injection drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had sex while high/intoxicated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had sex with an injection drug user?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever traded sex for drugs or money?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had sex with an anonymous sex partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever met sexual partners on the internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total number of sex partners in last 12 months:	
Number of Female Partners	
Number of Male Partners	
How frequently does the patient use condoms during sex?	<input type="checkbox"/> Always <input type="checkbox"/> Not that Often <input type="checkbox"/> Never <input type="checkbox"/> Most of Time

SFN 61113 (8-2016)

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Patient Initials:



**Sex Partner History\***

Please list all information on any sexual partners within the last 90 days or the last sexual partner if exposure greater than 90 days ago.

Partner Name:	Date of Birth or Approximate Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	City:	State:
Telephone Number:	Email Address and/or Username (Facebook, Twitter, Instagram, Snapchat, etc.)	
Date of First Exposure:	Frequency of Exposure:	
Date of Last Exposure:	Note for Exposure Dates: Include approximate dates if exact date unknown.	
Any notes about this person if name and location are unknown:		
Choose one of the following: <input type="checkbox"/> This partner is here with me and is being treated today. <input type="checkbox"/> I will bring my current partner with me to the clinic. <input type="checkbox"/> I will contact this partner and refer them to the clinic. <input type="checkbox"/> I have no way of contacting this partner.		If partner is a female, is she pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No
For Provider Use:		
Was this partner tested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Partner Treatment Type:	
Partner Specimen Collection Date:	Partner Treatment Date:	
Partner Results:	Was partner treated via EPT? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Partner Name:	Date of Birth or Approximate Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	City:	State:
Telephone Number:	Email Address and/or Username (Facebook, Twitter, Instagram, Snapchat, etc.)	
Date of First Exposure:	Frequency of Exposure:	
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For Provider Use:		
Was this partner tested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Partner Treatment Type:	

# GENERAL PROCESS FOR PARTNER SERVICES

- Positive case or contact to a positive case is identified
  - 1<sup>st</sup> – Three phone calls/text messages are attempted at various times throughout the day (morning, noon, afternoon, evening)
    - Internet notification can also be utilized here if deemed necessary
      - Facebook, Phone Apps (Grindr, Tinder, Jack'd etc.)
  - 2<sup>nd</sup> – A letter is mailed to the address given to us on file
    - Syphilis and HIV cases (depending on circumstances) certified letters are sent requesting individual to contact us
  - 3<sup>rd</sup> – Home visits can be made if necessary
- Case returns call and agrees to be interviewed
  - GC and syphilis are usually done by phone
  - HIV and some syphilis cases are done in person
- Contact exposures
  - Request information on where they are going to go for testing to ensure that they are adequately tested and properly treated



# WHAT WE ARE DOING AND DOING WELL

- PrEP Referrals
- Use of social networking and technology to reach partners
- Performing partner services on all gonorrhea and late latent syphilis cases
- Identifying clusters amongst our HIV positive cases through gene sequencing and drug resistant patterns
- Retaining our current HIV positive cases in care
  - ND Ryan White Program
- Integration of programs
  - Makes it easier to cross-check partners and refer into care

# WHAT CAN WE DO TO IMPROVE?

- Refer (and follow up on referrals) more individuals into PrEP
- Improve our use of technology and means of communication to reach a higher percentage of those who test positive

# RESOURCES

- NDDoH: [www.ndhealth.gov/HIV](http://www.ndhealth.gov/HIV)
- STD Treatment Guidelines: <https://www.cdc.gov/std/tg2015/default.htm>
- NDDoH Field Epidemiologists:  
<http://www.ndhealth.gov/Disease/Contacts/AreaCall.aspx>

# CONTACT INFORMATION

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